



Delta Dental of Iowa
2021 Employee Summary of Covered Services and Benefits
Manatts, Inc.

Deductibles, Maximums & Eligibility	Delta Dental PPO	Delta Dental Premier® / Non Par
- Individual Deductible	\$50	\$100
- Family Deductible	\$150	\$300
- Deductible applies to Check-Ups and Teeth Cleaning?	No	No
- Benefit Period Maximum	\$1,000	\$1,000
- Eligible children to age	26	26
- Full-time (unmarried) students eligible to age	26	26
- Does Individual Deductible apply to Orthodontics?	No	No
- Orthodontic lifetime maximum	\$1,500	\$1,500
- Orthodontics: Eligible children to age	19	19
- Adult Orthodontics	No	No
Benefits		
Check-Ups and Teeth Cleaning	0%	0%
(Diagnostic and Preventive Services)		
- Dental Cleaning and Oral Evaluations		
- Fluoride Applications		
- X-Rays		
- Sealant Applications		
- Space Maintainers		
Cavity Repair and Tooth Extractions	* 40%	50%
(Routine and Restorative Services)		
- Emergency Treatment		
- General Anesthesia/Sedation		
- Restoration of Decayed or Fractured Teeth		
- Limited Occlusal Adjustments		
- Routine Oral Surgery		
- Posterior Composites w/ Alternate Processing		
Root Canals (Endodontic Services)	* 50%	50%
- Apicoectomy		
- Direct Pulp Cap		
- Pulpotomy		
- Retrograde Fillings		
- Root Canal Therapy		
Gum and Bone Diseases (Periodontal Services)	* 50%	50%
- Conservative Procedures (Non-surgical)		
- Complex Procedures (Surgical)		
- Periodontal Maintenance Therapy		

High Cost Restorations (Cast Restorations)	*	50%	50%
<ul style="list-style-type: none"> - Cast Restorations - Crowns - Inlays and Onlays - Post and Cores 			
Dentures and Bridges (Prosthetic Services)	*	50%	50%
<ul style="list-style-type: none"> - Bridges and Recementing of Bridges - Dentures - Repairs and Adjustments - Implants 			
Straighter Teeth (Orthodontics)		50%	50%
Additional Options			
-Enhanced Benefits Program		<i>Included</i>	<i>Included</i>
-Annual Maximum Carryover - To GoSM		<i>Included</i>	<i>Included</i>

***Waiting periods apply. There is a 3 month waiting period for Cavity Repair and Tooth Extraction, a 6 month waiting period for Root Canals, Gum and Bone Diseases, High Cost Restorations, Implants, and Dentures and Bridges. See the Important Information section of your dental benefits document for details.**

This dental plan includes the Enhanced Benefits Program (EBP) which allows additional benefits for Covered Person(s) with designated dental or medical conditions. Please refer to your dental benefits document for details.

** This dental plan includes the Annual Maximum Carryover – To GoSM for carryover of unused Benefit Period Maximums to the next benefit contract year. Please refer to your dental benefits document for details.

The percentage shown is the coinsurance amount that is the responsibility of the Covered Person.

This is a general description of coverage. It is not a statement of your contract. Actual coverage is subject to terms and conditions specified in the benefits document itself and enrollment regulations in force when the benefits become effective. Certain exclusions and limitations apply. Please refer to your dental benefits document for details.

Delta Dental of Iowa

9000 Northpark Dr, Johnston IA 50131

www.deltadentalia.com

Dental Rates for 2021	
Single	\$24.00
Employee/Spouse	\$48.00
Employee/Child(ren)	\$58.00
Family	\$91.00